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5-17-39
X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

440

REC'D FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3151

Registration District No. 466

Primary Registration District No. 4297

Registrar's No. 2

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Odessa Mo.
(c) Name of hospital or institution:
405 South 1st St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 yrs. (Specify whether years, months or days)

8. (a) PRINT FULL NAME Margaret Burris Ramsey
(b) If veteran, name war NONE
(c) Social Security No. NONE

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Milton F Ramsey
6. (c) Age of husband or wife if alive 12 years
7. Birth date of deceased Mar. 12 1852
(Month) (Day) (Year)

8. AGE: Years 88 Months 9 Days 19
If less than one day hr. min.

9. Birthplace Near Maryville Mo
(City, town or county) (State or foreign country)

10. Usual occupation Housewife. Retired

11. Industry or business

MOTHER FATHER { 12. Name Capt Lewis Burris
13. Birthplace Lafayette Mo
(City, town or county) (State or foreign country)
14. Maiden name Elezebeth Baker
15. Birthplace Near Maryville Mo
(City, town or county) (State or foreign country)

16. (a) Informant Hugh J Ramsey
(b) Address Odessa Mo.

17. (a) Burial (b) Date thereof JAN 3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa Cem.

18. (a) Signature of funeral director Blinner

(b) Address Odessa Mo

19. (a) 1-2-41 (b) Mrs E. M. Gordon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Odessa
(If outside city or town limits, write "RURAL")
(d) Street No. 405 South 1st St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day Jan 1
year 1941 hour 4 minute 30P M.
21. I hereby certify that I attended the deceased from Dec 27
1940 to Jan 1 1941
that I last saw him alive on Jan 1 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary occlusion

Due to Coronary embolism

Due to

Other conditions Cardiovascular disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place)
(e) Means of injury

23. Signature W. M. Martin (M. D. or other) D
Address Odessa Mo Date signed 1-7-41

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 14-11-68

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

OM

Registered Apprentice No. _____

working under my personal supervision.

Signed

Horace Blinn

Licensed Embalmer No. 2758

P. O. Address *Bellevue Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.